Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		NVN5192AGZ		B. WING		06/0	1/2011
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	1 00.0	
BONAVEN	ITURE OF SPARKS			FIELD HILLS PRINGS, NV			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	CTION SHOULD BE O THE APPROPRIATE	
Y 000	Initial Comments			Y 000			
Y 175 SS=F	The findings and cone by the Health Division prohibiting any crimin actions or other claim available to any party state, or local laws. This Statement of De a result of an annual conducted in your fact Licensure survey was of NRS 449.150, Pow The facility is licensed for Group beds for eld II residents and 32 Rebeds which provide can Alzheimer's disease, census at the time of resident files were reviewed. The facility received at The following deficient 449.209(4)(b) Health NAC 449.209 4. To the extent pract facility must be kept for (b) Hazards, including	Category II residents. the survey was 49. Fifty viewed and 15 employed One discharged resider a grade of B. Incies were identified: and Sanitation-Hazards ticable, the premises of	al as as as al, and as as attention and as as attention and as attention a	Y 175			
		ot met as evidenced by: n on 6/1/11, the facility o					

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE			(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SUF COMPLET		
		NVN5192AGZ		B. WING		06/01/2011	
NAME OF PR	OVIDER OR SUPPLIER	NVN5192AGZ	STREET ADD	 RESS, CITY, STA	ATE, ZIP CODE] 06/0	1/2011
BONAVEN	ITURE OF SPARKS		2360 WING	FIELD HILLS PRINGS, NV	DR		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
Y 175	Continued From page 1			Y 175			
	not ensure there were precautions taken to restrict roof access. The access door to the roof was unlocked and the door locked automatically after closing to prevent re-entry into the facility. Severity: 2 Scope: 3						
Y 178 SS=D				Y 178			
	ensure that the premi	of a residential facility s ses are clean and that andscaping of the facili	the				
	Based on observation to ensure the premise maintained. (Methan	e gas odors on the third d dead birds observed	ailed				
	This was a repeat des State Licensure Surve	ficiency from the 6/1/10 ey.					
	Severity: 2 Scope:	1					
Y 255 SS=F	449.217(6)(a)(b) Perr on Food Service	nits - Comply with NAC	446	Y 255			
	NAC 449.217 6. A residential facility residents must: (a) Comply with the s	with more than 10 tandards prescribed in					

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Y 255	Continued From page 2			Y 255			
		ary permits from the Boservices of the Division					
	Based on observation review on 6/1/11, the	of met as evidenced by: n, interview and record facility failed to ensure the standards of NAC	the				
	the under-counter del walk-in refrigerator. b. Improper handwas kitchen staff member. properly dry hands af towels were not availa	ed over ready-to-eat for i station refrigerator an shing was observed wit Staff member did not ter washing because pa able at the hand washin	d h a aper				
	temperature at time of 2. Cleaning and Sanita. Multiple food items	anitizing at the required finspection.	ed in				

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NAME OF PR	ROVIDER OR SUPPLIER	NVNOTSZAGZ	STREET ADDI	I RESS, CITY, STA	TE, ZIP CODE	00/0	1/2011
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Y 255	Continued From page 3			Y 255			
	cheese).						
	b. Kitchen staff mem by approved methods	ber hair was not restrai s.	ned				
	soiled with juncture g	facilities were excessive rime, soiled wall FRP, a rtions of the dishwashe	and				
	 d. The kitchen soda dispenser and can opener were excessively soiled with food debris and syrup. e. The kitchen microwave and multiple powdered product food storage containers were soiled with food and kitchen debris. f. The outside garbage enclosure was littered with and old mattress set, broken glass, and trash. 						
		underneath the ice ma racks were soiled with					
	Severity: 2 Scope: 3						
Y 393 SS=D	449.226(4)(a)-(c) Safe	ety Requirements		Y 393			
33-0	bedroom and bathroo equipped with, an aud monitored by a memb (b) An auditory syster in the bathroom of ea	st be provided with, or to om of each resident mu	st be cility. use cy if				

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NAME OF PR	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	1 00	70172011
BONAVEN	ITURE OF SPARKS			FIELD HILLS PRINGS, NV			
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Y 393	Continued From page 4			Y 393			
	assistance can alert a facility of that fact from (c) A bathroom that is of the facility must be	that a resident needing a member of the staff of in the toilet and the sho located in a common a equipped with an audit red by a member of the	the wer. area cory				
	This Regulation is not met as evidenced by: Based on observation on 6/1/11, the facility failed to respond promptly to auditory alarms for 2 of 2 alarms activated. Severity: 2 Scope: 3		failed				
Y 871 SS=C	NAC 449.2742 d) Develop and maint administration of med residential facility, inc (1) Preventing the or contaminated medical (2) Managing the resident in a manner prescription medication medications and nutri ordered, filled and refavoid missed dosage (3) Verifying that obeen accurately trans of the medication admin accordance with Na (4) Monitoring the	luding, without limitation use of outdated, dama ications; medications for each which ensures that anyons, over-the-counter tional supplements are illed in a timely manners; orders for medications had in the record ministered to each residance.	g the n: ged to nave ent	Y 871			

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		NVN5192AGZ		B. WING		06/0	I/2011
NAME OF PR	OVIDER OR SUPPLIER	1010102/102	STREET ADD	I RESS, CITY, STA	ATE, ZIP CODE	1 00/0	1/2011
BONAVEN	ITURE OF SPARKS			FIELD HILLS PRINGS, NV			
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Y 871	Continued From page 5			Y 871			
	the medication admin (5) Ensuring that e administers a medica the requirements of s and NAC 449.196; (6) Ensuring that e administers a medica supervised; (7) Communicating prescribing physician resident concerning is relating to the adminis and (8) Maintaining ref medications at the res without limitation, a co medication handbook than 2 years old or pr on the Internet which concerning medicatio (e) Develop and main caregivers of the resid administer medication without limitation, an i for managing medication new caregiver and an the plan. The adminis	istered to each resident each caregiver who tion is in compliance with ubsection 6 of NRS 44s each caregiver who tion is adequately groutinely with the or other physician of the sues or observations stration of the medication on the tions at the facility who in the medication on the tions at the facility for each annual training updates strator shall maintain eming the provision of the	ith 9.037 ne on; ng to ng, ore sites ation for l, plan ach e on				
	Based on record revie		/11,				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM			(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SI COMPLE				
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NAME OF DE	AOVIDED OD CLIDDLIED	NVNS192AGZ	STDEET ADDI	I RESS, CITY, STA	ATE ZIR CODE	06/	01/2011		
NAME OF PR	OVIDER OR SUPPLIER								
BONAVEN	ITURE OF SPARKS			FIELD HILLS DR PRINGS, NV 89436					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION			ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
Y 955	Continued From page 6			Y 955					
Y 955 SS=A	NAC 449.2751 Provisions for Assisted Living		9	Y 955					
SS=A	services: Prerequisite 1. Each residentia provide assisted livin Health Division to ob- license authorizing th provide assisted livin 2. The Health Divis for an endorsement t subsection 1 or susp- endorsement granted (a) Based upon the g or 3 of this regulation (b) If the residential t applicant is applying which has an endorse requirements set fort subsections 7 and 8 3. If a residential living services, the wi residential facility is r to NAC 449.258 mus procedures to be follo (a) To ensure that complies with the reg subsections 7 and 8	al facility that wishes to g services must apply to tain an endorsement on the residential facility to g services. Sion may deny an applicit hat is made pursuant to end or revoke an existing pursuant to subsection grounds set forth in section or the residential facility ement does not satisfy the in this section or of NRS 449.037. If facility provides assister it include, without limitation to the residential facility equirements set forth in the section or set include, without limitation the residential facility quirements set forth in	cation ong on 1: tion 2 the						
	or mental condition is time are identified;	lential facility whose phy s significantly changing edical professional to as	over						
	and monitor, as nece once every quarter in resident of the reside or mental condition is (d) To provide ser residential facility pur	essary, but not less than a each calendar year, each tial facility whose physics declining over time; are vices to residents of the resuant to the assessment rmed pursuant to parag	ach sical nd e						

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER			A. BUILDING	DING		E SURVEY PLETED	
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Y 955	(c). 4. The administrat that provides assisted that: (a) A medical profewhenever there has been the physical or mental the residential facility condition is declining (b) The residential resources for financial social services that meresident of the residential facility that provides a include, without limitate enable the residential who have the medicatescribed in NAC 448 inclusive, and 449.27 NRS 449.037 Adoption qualifications and oth 7. The Board shall additions and oth 7. The Board shall additions governing the licensing residential facilities for assisted living services the licensing of a facility material facility, the facility material facility, the facility material facility, the facility material facility, the facility material facility, the facility material facility material facility material facility and the person regarding personalized care will mere assisted care will personalized care will service the licensing of a facility material facility and the person regarding personalized care will personalized care will service the licensing of a facility material facility and the person regarding personalized care will personalized care will service the licensing of a facility material facility and the person regarding personalized care will service the licensing of a facility and the personalized care will service the licensing of a facility material facility and the personalized care will service the licensing of a facility and the personalized care will service the licensing of a facility and the personalized care will service the licensing of a facility and the personalized care will service the licensing of a facility and the personal service the licensing of a facility and the personal service the licensing of a facility and the personal service the licensing of a facility and the personal service the licensing of a facility and the	tor of a residential facility diving services shall endessional is notified been a significant changul condition of a resident whose physical or merover time; and facility maintains a list all assistance and other may decrease the need facility. The services that will assisted living services atton, services that will facility to retain resided in needs or conditions and provided by a residential facility to retain resided in needs or conditions and provided by a residential facility to retain resided in needs or conditions and provided by a residential facility to retain resided in needs or conditions and provided by a residential facility to regulation. The Board shall not lity as a residential facility for groups shall not extend living services in a person to move into kes a full written disclosure.	ge in tof intal of for a sical move must its allow ity for es claim the sure	Y 955				

NVN5192AGZ NAME OF PROVIDER OR SUPPLIER BONAVENTURE OF SPARKS STREET ADDRESS, CITY, STATE, ZIP CODE 2360 WINGFIELD HILLS DR SPANISH SPRINGS, NV 89436 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL STREET ADDRESS, CITY, STATE, ZIP CODE 2360 WINGFIELD HILLS DR SPANISH SPRINGS, NV 89436 (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLET			(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SUF COMPLET	
NAME OF PROVIDER OR SUPPLIER BONAVENTURE OF SPARKS 2360 WINGFIELD HILLS DR SPANISH SPRINGS, NV 89436 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)			NVN5192AGZ		B. WING		06/0	1/2011
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(1)	BONAVENT	URE OF SPARKS						
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE	PRÉFIX	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	.D BE	COMPLETE
facility. (b) The residents of the facility reside in their own living units which: (1) Except as otherwise provided in subsection 8, contain tollet facilities; (2) Contain a sleeping area or bedroom; and (3) Are shared with another occupant only upon consent of both occupants. (c) The facility provides personalized care to the residents of the facility incorporates these core principles: (1) The facility is designed to create a residential environment that actively supports and promotes each resident 's quality of life and right to privacy; (2) The facility supportive services that are developed by the facility incorporation with the resident to meet the resident 's individual needs; (3) The facility provides a variety of creative and innovative services that emphasize the particular needs of each individual resident and the resident is personal choice of lifestyle; (4) The operation of the facility and its interaction with its residents supports, to the maximum extent possible, each resident 's need for autonomy and the right to make decisions regarding his or her own life; (5) The operation of the facility is designed to foster a social climate that allows the resident to develop and maintain personal relationships with fellow residents and with persons in the general community; (6) The facility is designed to minimize and is operated in a manner which minimizes the need for its residents to move out of the facility as their respective physical and mental conditions change over time; and (7) The facility is operated in such a manner as to foster a culture that provides a high-quality	factoristic factorists of the contraction of the co	facility. (b) The residents of the living units which: (1) Except as otherwise contain toilet facilities. (2) Contain a sleeping. (3) Are shared with an consent of both occup. (c) The facility provide residents of the facility principles: (1) The facility is designed in the facility principles: (1) The facility is designed in the facility principles: (2) The facility is combigined in the facility supportive developed by the facility resident to meet the resident provides and the resident present of the facility is considered in the facility provides and the resident present of the facility provides and the resident possible, each autonomy and the right regarding his or her of the foster a social climate develop and maintain fellow residents and vecommunity; (6) The facility is designed in a manner for its residents to more spective physical and over time; and (7) The facility is oper for its residents to more present in the facility is oper for its residents to more present in the facility is oper for its residents to more present in the facility is oper for its residents to more present in the facility is oper for its residents to more present in the facility is oper for its residents to more present in the facility is oper for its residents to more present in the facility is oper for its residents to more present in the facility is oper for its residents to more present in the facility is oper for its residents to more present in the facility is oper for its residents to more present in the facility is oper for its residents to more present in the facility is oper for its residents to more present in the facility is oper for its residents in the facility is oper for its residents in the facility is oper for its resident in the facility is oper for its resident in the facility is oper for its resident in the facility is oper facility in the facility is oper facility in the facility is oper facility in the facility in	ne facility reside in their se provided in subsecti ; g area or bedroom; and nother occupant only up pants. es personalized care to y and the general appro y incorporates these co gned to create a reside vely supports and prom ity of life and right to pri mitted to offering e services that are lity in collaboration with esident 's individual ne es a variety of creative hat emphasize the particular resident and the resident and the resident and the resident is need for that to make decisions we life; he facility is designed to that allows the resider personal relationships with persons in the gene gned to minimize and is which minimizes the ne ve out of the facility as and mental conditions ch	r own fon 8, fipon the oach ore ential notes ivacy; n the eeds; and cular sident ction ont to with eral seed their nange	Y 955			

AND DIAN OF CODDECTION		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SUF COMPLET	
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BONAVENTURE OF SPARKS			2360 WINGFI SPANISH SPE				
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Y 955	staff, any volunteers a 8. The Health Division from the requirement paragraph (b) of subs licensed as a resident before July 1, 2005, a have 10 or fewer beds constructed as a sing Health Division finds to (a) Strict application or result in economic ha requesting the except (b) The exception, if g (1) Cause substantial welfare of any resider (2) Result in more that toilet facility; or (3) Otherwise impair s that requirement.	esidents, their families, and the community at late may grant an exception of subparagraph (1) of section 7 to a facility whatial facility for groups or and which is authorized as and was originally self-family dwelling if the sthat: If that requirement wourdship to the facility sion; and granted, would note detriment to the health at of the facility; an two residents sharing substantially the purposes the met as evidenced by:	the arge. on ich is n or to	Y 955			
	6/1/11, the facility is a		- 1				

PRINTED: 06/27/2011 FORM APPROVED Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING ___ NVN5192AGZ 06/01/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2360 WINGFIELD HILLS DR **BONAVENTURE OF SPARKS** SPANISH SPRINGS, NV 89436 (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY)